

## Request to Waive the Waiting Period

Name of Employee: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Insurance Group Name: **Western Canadian District of the Christian & Missionary Alliance**

Group Insurance Policy #: **56351/155557**

Please accept this written request to waive the waiting period for the above named employee. We require the waiting period be waived for this employee because

\_\_\_\_\_

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This enrollment card is being submitted within 31 days of this employee's full-time date of hire. If approved, we understand the entire waiting period will be waived not, a portion thereof.

To the best of your knowledge, is the employee who is to be covered suffering from a potentially disabling, life threatening or other serious illness?

- Yes  
 No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & position of Church Personnel waiving waiting period

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Plan Administrator Signature  
Western Canadian District of the Christian & Missionary Alliance